

# Family Homes Certified by Licensed Foster Family Agencies Semi-Annual Statistical Report

SEND ONE COPY OF THIS REPORT TO:

California Department of Social Services  
Data Systems and Survey Design Bureau, M.S. 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430  
FAX: (916) 657-2074

AGENCY NAME AND MAILING ADDRESS

REPORT PERIOD

January - June 2001

**Note: All Foster Family Agencies are required to submit this report  
even when the number of certified homes is zero.**

## Part A. Information Specific to Family Homes Certified by Foster Family Agencies (FFAs)

|                                                                                                                       |   |
|-----------------------------------------------------------------------------------------------------------------------|---|
| 1. Total number of homes certified by this administrative office or suboffice on 06/30/01.....                        | 1 |
| 2. Total number of homes decertified by this administrative office or suboffice<br>from 01/1/01 through 06/30/01..... | 2 |
| 3. Total capacity of the certified family homes in Item 1 on 06/30/01.....                                            | 3 |

## Part B. Information Specific to the Children

|                                                                                                                                                                                |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 4. Total number of resident children in homes certified by this administrative office or suboffice<br>on 06/30/01 (Items 4a plus 4b) (Also, Items 5 plus 6 plus 7 below) ..... | 4 |
| a. Total number of resident foster children in Item 4 on 06/30/01.....                                                                                                         | 5 |
| b. Total number of fos-adopt placements in Item 4 on 06/30/01.....                                                                                                             | 6 |
| 5. Total number of resident children in Item 4 between zero and two years of age.....                                                                                          | 7 |
| 6. Total number of resident children in Item 4 between three and ten years of age.....                                                                                         | 8 |
| 7. Total number of resident children in Item 4 eleven years of age or older.....                                                                                               | 9 |

## Part C. Information Specific to the Social Workers

|                                                                                                                                                  |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 8. Total number of social workers employed fulltime by this administrative office or suboffice<br>on 06/30/01 (Items 8a plus 8b).....            | 10 |
| a. Fulltime social workers with Master's Degree in related field per FFAR Section 88065.3.....                                                   | 11 |
| b. Fulltime social workers with approved exceptions per FFAR 88065.3.....                                                                        | 12 |
| 9. Total number of social workers employed on a contract basis by this administrative office<br>or suboffice on 06/30/01 (Items 9a plus 9b)..... | 13 |
| a. Contract social workers with Master's Degree in related field per FFAR Section 88065.3.....                                                   | 14 |
| b. Contract social workers with approved exceptions per FFAR 88065.3.....                                                                        | 15 |
| 10. Total number of supervising social workers employed by this administrative office or suboffice<br>on 06/30/01 (Items 10a plus 10b).....      | 16 |
| a. Supervising social workers qualified per FFAR Section 88065.2.....                                                                            | 17 |
| b. Supervising social workers with approved exceptions per FFAR 88065.2.....                                                                     | 18 |

|                        |                  |               |
|------------------------|------------------|---------------|
| CONTACT PERSON (Print) | TELEPHONE<br>( ) | DATE PREPARED |
| TITLE/CLASSIFICATION   | FAX<br>( )       |               |

# **FAMILY HOMES CERTIFIED BY LICENSED FOSTER FAMILY AGENCIES SEMI-ANNUAL STATISTICAL REPORT LIC 182 (6/01)**

## **INSTRUCTIONS**

### **PURPOSE**

The purpose of this report is to provide the Community Care Licensing Division with information concerning the activities of licensed Foster Family Agencies (FFAs). The report also serves as a reference tool for FFAs, placement agencies, and others interested in the effective management of resources for children in need of foster care.

### **CONTENT**

This semi-annual report includes data on the number and capacity of family homes certified by licensed FFAs. The report includes the total number of resident foster and fos-adopt children in three age categories: zero to two years of age, three to ten years of age, and eleven years of age and older. It also includes the number of fulltime employed and contract basis social workers, and the number of supervising social workers working for each licensed FFA.

### **DUE DATE AND CONTACT**

The report is due no later than August 1, 2001. FFAs are responsible for ensuring that the report is complete and accurate. FFAs with individually licensed suboffices are to provide the required information for each FFA Administrative Office and suboffice by license number. This information can be submitted either as a spreadsheet that displays the data for each facility by license number or as individual LIC 182 reports, which must include the name and license number of each facility. Reports are required for each licensed facility. Mail or fax completed reports to:

California Department of Social Services  
Data Systems and Survey Design Bureau, M.S. 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430

**FAX: (916) 657-2074**

Data from this report is posted on the California Department of Social Services (CDSS), Research and Development Division web site at: <http://www.dss.cahwnet.gov/research/>. Copies may be printed from the website.

If you have any questions about this report, please contact Data Systems and Survey Design Bureau (DSSDB) at (916) 651-8269.

### **GENERAL INSTRUCTIONS**

Enter the data required for each item. If there is nothing to report for an item, enter "0". Do not leave any items blank.

Enter the name, title or job classification, and the telephone and fax number of the person to contact if there are questions about the report. This may or may not be the person who completed the report.

Enter the date the report was completed.

**DEFINITIONS**

**Administrative Office:** The central administrative headquarters of the foster family agency and specified on the license(s) as such.

**Capacity:** The maximum number of persons authorized to be provided care and supervision at any one time in any licensed facility or any facility certified as meeting licensing standards by a FFA.

**Certified Family Home:** A family residence certified by a licensed FFA and issued a certificate of approval by that agency as meeting licensing standards, and used only by that FFA for placements.

**Certified Parent:** An adult residing in the home certified by the FFA to provide care and supervision to children placed exclusively by that FFA.

**FFAR:** Foster Family Agency regulations.

**Fos-adopt child:** A child placed in a foster home pending adoption.

**Foster Family Agency:** Any organization engaged in the recruiting, certifying, and training of, and providing professional support to, certified parent(s), or in finding homes for placement of children for temporary or permanent care who require that level of care as an alternative to a group home. Private FFAs shall be organized and operated on a nonprofit basis.

The CDSS, Community Care Licensing Division's Licensing Information System identifies and provides codes for two types of FFAs: 1) Facility Type 430 which is identified as a FFA, and 2) Facility Type 431 which is identified as a suboffice of a FFA. Each FFA administrative office and each suboffice is individually licensed. The information required on the LIC 182 report must be provided for each individually licensed facility.

**Full-time:** Employment for a total of at least 40 hours a week or a total of at least 173 hours a month.

**Suboffice:** An additional office set up by the FFA to supplement the services provided by the administrative office. Suboffices are individually licensed.

**ITEM INSTRUCTIONS**

**Note:** Separate reports must be filed for each licensed FFA administrative office and suboffice. Spreadsheets which exhibit the required data for each individually licensed administrative office and suboffice are acceptable. Please ensure that the license numbers for each administrative office and suboffice are displayed on the individual reports or spreadsheets. Reports are required for each licensed facility even if a particular FFA Administrative Office or suboffice did not have any certified homes on June 30, 2001. In such cases, zeros should be entered in all the cells on the report. No cells should be left blank.

**Part A. Information Specific to Family Homes Certified by Foster Family Agencies (FFAs)**

1. Total number of family homes certified by this administrative office or suboffice on 06/30/01: Enter the total number of family homes certified by this licensed FFA Administrative Office or suboffice on the last day of the reporting period. *[Cell 1]*
2. Total number of homes decertified by this administrative office or suboffice from 01/01/01 through 06/30/01: Enter the total number of homes decertified during the reporting period by this licensed FFA Administrative Office or suboffice. *[Cell 2]*
3. Total capacity of the certified family homes in Item 1 on 06/30/01: Enter the total capacity (the total number of beds) of the certified family homes in Item 1 on the last day of the reporting period. The total capacity must be equal to or greater than the total number of certified homes in Item 1. *[Cell 3]*

**Part B. Information Specific to the Children**

4. Total number of resident children in homes certified by this administrative office or suboffice on 06/30/01: Enter the total number of resident children in homes certified by this FFA Administrative Office or suboffice on the last day of the reporting period. This number is the sum of Items 4a and 4b. This number is also the sum of Items 5 through 7 below. *[Cell 4]*
- a. Total number of resident foster children in Item 4 on 06/30/01: Enter the total number of resident foster children included in the total in Item 4. *[Cell 5]*
- b. Total number of resident fos-adopt children in Item 4 on 06/30/01: Enter the total number of resident children placed in foster homes pending adoption included in the total in Item 4. *[Cell 6]*

**Note: The total number of resident “fos-adopt” children in 4b is not a subset of the of total number of resident foster children in 4a. Both 4a and 4b are stand alone totals which when added together represent the total number of resident children in Item 4.**

5. Total number of resident children in Item 4 between zero and two years of age: Enter the number of resident children between zero and two years of age included in the total in Item 4. *[Cell 7]*
6. Total number of resident children in Item 4 between three and ten years of age: Enter the number of resident children between three and ten years of age included in the total in Item 4. *[Cell 8]*
7. Total number of resident children in Item 4 eleven years of age and older: Enter the number of resident children eleven years of age or older included in the total in Item 4. *[Cell 9]*

**Note: The sum of the numbers of children in the age groups identified in Items 5, 6, and 7 must equal the total in Item 4.**

**Part C. Information Specific to the Social Workers**

The qualifications for Social Work Personnel and Social Work Supervisor referred to in this section can be found in the California Code of Regulations, Title 22, Division 6, Chapter 8.8 - Foster Family Agencies regulations (FFAR).

When social work staff and supervisors work out of more than one FFA Administrative Office or suboffice, indicate the proportional share of time staff spend working for each office in the report for that office. For example, if a fulltime social worker divides his or her time evenly between two offices, the report for each office would indicate .5 for that worker.

8. Total number of social workers employed fulltime by this administrative office or suboffice on 06/30/01: Enter the number of social workers employed fulltime by this FFA Administrative Office or suboffice on the last day of the reporting period. This number is the sum of Items 8a and 8b. Do not include contracted social workers or supervising social workers in this item because those categories are captured in Items 9 and 10 below. Fulltime means employment for a total of at least 40 hours a week or a total of at least 173 hours a month. *[Cell 10]*
- a. Fulltime social workers with Master's Degree in related field per FFAR Section 88065.3: Enter the number of fulltime social workers with a Master's degree in related field included in the total in Item 8. *[Cell 11]*
- b. Fulltime social workers with approved exceptions per FFAR Section 88065.3: Enter the number of fulltime social workers with approved exceptions included in the total in Item 8. *[Cell 12]*

9. Total number of social workers employed on a contract basis by this administrative office or suboffice on 06/30/01: Enter the total number of social workers employed on a contract basis by this FFA Administrative Office or suboffice on the last day of the reporting period. This number is the sum of Items 9a and 9b. Contract social workers are social workers from a counseling center or similar agency. Do not include the social workers or supervising social workers captured in Items 8 above and 10 below. *[Cell 13]*
- a. Contract social workers with Master's Degree in related field per FFAR Section 88065.3: Enter the number of contract social workers with a Master's Degree in a related field included in the total in Item 9. *[Cell 14]*
- b. Contract social workers with approved exceptions per FFAR Section 88065.3: Enter the number of contract social workers with approved exceptions included in the total in Item 9. *[Cell 15]*
10. Total number of supervising social workers employed by this FFA or suboffice on 06/30/01: Enter the total number of supervising social workers employed by this FFA Administrative Office or suboffice on the last day of the reporting period. This number is the sum of Items 10a and 10b. *[Cell 16]*
- a. Supervising social workers qualified per FFAR 88065.2: Enter the number of supervising social workers qualified per FFAR 88065.2 included in the total in Item 10. *[Cell 17]*
- b. Supervising social workers with approved exceptions per FFAR 88065.2: Enter the number of supervising social workers with approved exceptions included in the total in Item 10. *[Cell 18]*